

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/588377

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4		3		3		
5		3		3		
6		1		1		
7		1		1		
8		1		1		
9		1		1		
10		1		1		
11		2		2		
12		2		2		
13		2		2		
14		2		2		
15		1		1		
16		1		1		
17		1		1		
18		1		1		
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TOTAL IND.		↓	1	↓		↓
TOTAL DEP.		←	31	←		←
TOTAL CLAIMS		31	32			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						